BQIS Provider Compliance/Consumer Satisfaction Tool

Framework and Compliance Indicators		Discovery Mechanisms		
		Discovery mechanisms are not meant to be inclusive. They are meant to be suggestions to gather information for the surveyor. Guidelines are intended to help the surveyor to make decisions about the presence or absence of the Indicators. The Discovery mechanisms listed here in no way imply they are meant to be directives for completion, or a requirement to be answered in every instance.		
Focus I: Participant-Centered Service Planning Desired Outcome: *Services and supports are planned and effectively implemented in accordance with each participant's unique needs, expressed preferences and decisions concerning his/her life in the community*	**Compliance Indicators**	**Spending Time With People** **(Initially during the conversation with the person using the Personal Outcome Measures©, then throughout the survey process.)** **Examples only: specific situations may change observations.**	**Conversations With People** **Selected Examples only: specific situations may change conversations with people.**	**Review of Documents** **Examples only: specific situations may change documents needing review.**
I.A. Assessment Desired Outcome: *Comprehensive information concerning each participant's preferences and personal goals, needs and abilities, health status and other available supports is gathered and used in developing a personalized service plan.*	**I.A.1 The individual's support team gathers information about the individual's preferences, personal goals, needs and abilities to develop the individual's support plan.** **Supporting Regulations:** 6-19-1; 6-19-6; 7-4-2; 7-4-3; 7-5-5; 7-5-8; 1. Does the support team, including the case manager, know about: a. the individual's wants and needs, including health, safety? b. behavioral needs? c. the array of available **current** waiver and non-waiver services and supports? d. the amount of the individual's	Observe if any behavior issues are present during the visit. Observe if any medical conditions that might require treatments exist. Observe any formal, structured training programs that are implemented during the visit. Observe for any	Ask the person if, how and when they participated in the development of their plan. Ask the direct support professional if and how they participated in the development of the person's plan. Ask the direct support professional to confirm the absence or presence of any	Review the person's Individual Support Plan (ISP) for assessments that support the person's desires and needs. Review the ISP to determine the make-up of the Interdisciplinary Team members. Review the ISP to determine if the number and type of support team members reflect the needs and desires of the person.

	available funding? 2. Is the composition of the support team **(At least a representative from each service or support provider listed in the Cost Comparison Budget (CCB))** sufficiently comprehensive enough to provide all of the information about the person's needs and desires through proper assessment? **(The support team may or may not be the people in actual attendance at the meeting.)** 3. Are the people **on** the individual's support team cognizant of the past, present, and future influences of factors that define the individual's quality of life? 4. Did any assessments, evaluations, or screenings that the person had focus on present skills and supports, those the individual prefers or desires, and those needed to realize personal goals? 5. Does the individual's support plan incorporate the results of assessments, evaluations and screenings required by the provider? **_Related Personal Outcome Measures©:_** ALL	informal teaching opportunities that are prov*i*ded.	behavior issue. **Ask the direct support professional if the person has any medical issues for which treatment is being given.** **Ask the Case Manager how the person's wants and needs were discovered.**	**Review the ISP to determine if the ISP incorporates the results of assessments.**

I.B. Participant Decision Making
Desired Outcome:
Information and support is available to help participants make informed selections among service options.
	I. B.1 The individual chooses his/her services.
	Supporting Regulations: 6-19-5; 6-19-6; 7-3-12; 7-4-1; 7-4-3; 7-5-5; 7-5-6;
	1. Did the person direct their own plan development?
	  a. Did the person select the facilitator to direct the development of their plan?
	  b. Did the person select their support team?
		Observe interactions between the person and support staff to determine if any training or support is given to help the person learn to make choices about service options.
		
		Watch for instances
			Ask the person to explain how they are involved in the selection of their team and services.
			
			Ask the person about choosing housemates.
			
			If the person works outside the home or
				Ask to see a list of all services that was provided to the person prior to selection.
				
				Review the Case Manager's list of service options available in the area that match the supports the person receives.

	c. Prior to selecting the service, did the person receive a list of services available through the waiver? d. When considering services, did the person receive information about services that are not provided through the waiver but that the person needs? 2. When identified by the individual, **is** direct support professional an integral part of developing the individual's support plan? 3. Does the person choose their goals and services, including where they work and where and with whom they live? 4. Does the person receive the level of support needed to make their own decisions about service options? 5. Has guardianship been explored for the individual if determined a need in selecting services? 6. Does the provider have a mechanism to ensure that people are heard? *Related Personal Outcome Measures©:* ALL	**where the support staff are closely listening to the person about desires and then acting on that information by providing supports.**	**attends a day service, ask the person if he/she chose that work or day service.** **Ask the person if there are other services they want that have not been offered to them and they do not have.** **Ask the Case Manager to explain the person's role in selecting service supports.** **Ask direct support professionals to explain their involvement with developing the person's plan.** **Ask the Case Manager the extent to which the person chooses service providers and team members.**	**Review the ISP to determine if the person has any training in decision-making skills.**
I.C. Free Choice of Providers **Desired Outcome:** *Information and support is available to assist participants to freely choose among qualified providers.*	**I.C.1 The individual's support team, which includes his/her case manager, supports the individual to select his/her providers.** **Supporting Regulations:** 6-19-1; 6-19-5; 1. Prior to service selection, did the individual's support team, which includes the case manager, provide the individual a list of waiver service providers and a description of the services each provider offers? 2. Does the person have the current	**Watch for any indications where the direct support professional are "doing for the person" instead of giving the person the opportunity to do the task independently or with only the help needed.** **Watch for any signs for the person being**	**Ask the person how they are supported to learn about the provider and how they evaluate the provider's services.** **Ask the Case Manager to explain the process regarding how the IDT supports the person to choose providers.** **Ask the Case Manager**	**Review any written procedures or management-directives that direct the staff to teach the person skills of self-management and choice-making.** **Review the BDDS information guide to determine if it had been presented to the person prior to service provider**

	BDDS information guide on how to choose a provider? **(Note: The BDDS information guide is given to persons when they initially enter services. It is not given on an annual basis. Choice is to be discussed at annuals and quarterlies. The BDDS information guide is available on the web.)** 3. Are waiver services to address the person's identified needs available or is the support team making an effort to secure non-waiver services? 4. Are community resources to address the person's identified needs available or is the support team making an effort to secure other services? 5. Are there sufficient qualified agency and individual providers to meet the identified needs of the person in their community? 6. Does the individual's support team, including the case manager, assist the person in evaluating potential service providers? 7. Did the individual choose their service providers, including participation in hiring staff, including the people who provide supports for living and, if different, provide supports for work? 8. Is the person supported to learn about and make informed choices for changing providers? 9. Does the person receive only the level of support needed to select their providers? _**Related Personal Outcome Measures©:**_ People exercise rights. People are treated fairly People decide when to share personal	**encouraged to make independent choices and self-manage.**	**and person if a BDDS information guide was presented at any time.** **Ask the Case Manager if the BDDS information guide is used to select service providers.** **Ask the Case Manager if they have surveyed the community for providers needed by the person.** **Ask the Case Manager what kind of evaluation of specific providers is conducted prior to that provider being selected.** **Ask the Case Manager if the person is receiving services from a provider where that is the only provider of that service in the community.**	**selection.** **Review any documented processes that outline any survey of community providers.** **Review any documented evidence that providers are evaluated prior to selection.** **Review a list of providers received by that person. Determine if that is the only provider in the community offering that service.**

	information. People are respected. People choose where and with whom they live People choose where they work People live in integrated environments			

I.D. Service Plan Desired Outcome: *Each participant's plan comprehensively addresses his or her identified need for HCBS, health care and other services in accordance with his or her expressed personal preferences and goals.*	**I.D.1 The individual is supported to develop a support plan that addresses his/her identified needs, wants, and preferences**
	Supporting Regulations: 6-19-6; 6-19-7; 6-24-1; 7-4-4; 7-4-5; 7-5-1; 7-5-2; 7-5-3; 7-5-4; 7-5-5; 7-5-6; 7-5-7; 7-5-8
	1. Does the person have a support plan that was developed with his/her support team?
	   a. Is the support plan based on the individual's priorities?
	   b. Is the plan current and relevant?
	   c. Has the support plan been updated at least annually?
	2. Are the individual's preferences reflected in daily routines?
	   a. Does the person's routine include when, where and how needed services and supports are provided?
	3. Does the individual's support plan include:
	- the profile list
	- personal and demographic information
	- the individual's diagnosis
	- the individual's emergency contacts
	- outcomes
	- signed statement of agreement
	- participants involved in developing the individual's support plan
	- meeting issues and requirements which identify:
	     - the provider responsible for providing health care or behavioral supports as applicable
		Watch specific training situations to determine if the support staff is following any plan.
		
		Note which staff implements specific programs.
		
		Watch interactions to see if a person's preferences are reflected in what they are doing.
			Ask the person if their daily routine is known by staff and followed.
			
			Ask the person what input they have had in their daily routine.
			
			Ask the direct contact person how much input the person had in developing their routine.
			
			Ask the Case Manager how often visits are made to the person.
			
			Ask the direct support professional about any structured programs they implement.
				Review any documentation for evidences of daily routine.
				
				By reviewing the ISP, determine if it matches the person's needs and desires for services with opportunities to receive training and practice.
				
				Review the ISP for the necessary components and requirements listed here.
				
				Review the Case Manager's schedule of visits to the person.
				
				Review the ISP to determine if specific staff members are assigned program implementation responsibilities.
				
				Determine if the stated goals are supported by action plans.

	- health and behavioral issues and indicate how these impact the individual and are addressed in the plan - the person's doctor, dentist, and any specialists - any environmental requirements the person has and how these environmental needs impact the person and are addressed in the plan - providers responsible for providing any environmental supports - any necessary environmental supports - designated provider(s) responsible for providing training - when the case manager shall make the first contact with the person - minimum frequency of case manager visits - provider responsible for maintaining the person's personal file - how often each provider will analyze and update their records - how often person will be informed of their medical condition, developmental status, behavior status, risk of treatment, right to refuse treatment 4. Has the individual's support plan been modified as needs changed and as the individual did or did not realize goals and objectives? 5. Has the individual's support plan changed as the individual became more knowledgeable about opportunities in the local community? 6. Does the individual have supports in place to facilitate attaining their personal goals? 7. Does the plan include goals, action		

	steps designed to achieve those goals, and methods to achieve the objectives?
	8. Has the provider(s) developed a training plan that defines the methods that will be used to work with person?
	9. Does the training plan include the expected outcomes for the person?
	10. Does the training plan specify the objectives to be taught and the strategies to be used?
	11. Does the training plan list who is responsible for implementing the training?
	12. Does the person's support plan include:
	    a. desired outcomes.
	    b. strategies used to meet those outcomes.
	    c. people responsible for implementing the strategies.
	d. considerations on the individual's status on meeting current outcomes
	
	__Related Personal Outcome Measures©:__
	People are connected to natural support networks
	People choose where and with whom they live
	People choose where they work
	People use their environments
	People choose services
	People participate in the life of the community
	People interact with other members of the community			

Focus II: Participant-Centered Service Delivery				
II.A. Ongoing Service	**II.A.1 The individual receives the**	**Talk to people in as**	**Ask the person if their**	**Review any**

and Support Coordination
Desired Outcome: Participants have continuous access to assistance as needed to obtain and coordinate services and promptly address issues encountered in community living.
	necessary assistance and coordination to consistently obtain the services and supports in their support plan.
	Supporting Regulations: 6-9-6; 6-9-7; 6-10-7; 6-19-6; 6-25-8; 6-29-9
	1. Does the case manager collaborate with the individual's other service providers to coordinate services consistently with the individual's support plan?
	2. When the person has changes in their daily routines, whether due to their own requests or for other reasons, does the provider have a system to respond accordingly?
	3. Does **each** provider have a system for ensuring important events that impact the person are effectively communicated between assigned staff, among team members, across different environments and to others important to the person?
	4. If the person has change**d** service providers, **(within past 3 months)** were services consistently available (**from the initial provider, including non-waiver services the person received with the initial provider**) until successful transition (to the new provider)?
	    a. Did the individual or the individual's legal representative if applicable, sign a release form for the original provider to send the new provider a copy of all of the individual's records and files?
	    b. Did this transfer occur no later than 7 days after receipt of the release form?
	5. If within the past ISP year the individual changed case managers, did the original case manager meet with
		many settings as possible. Check the level of assistance the person receives in each setting. Determine if it matches what is outlined in the ISP.
		
		Watch for interactions with different people across environments.
		
		Are those interactions reflective of the person's ISP objectives?
			daily routine ever changes.
			
			Ask the person if they can change their routine activities if they want to.
			
			Ask the person if the schedule is a personal schedule or do others follow the same schedule.
			
			Ask the person if others decided on what the schedule should be.
			
			Ask the person if they have changed Case Manager or providers in the past three months.
			
			Ask the Case Manager how changes in the person's plan and schedule are communicated to all services.
			
			Ask the Case Manager how significant events that change or impact the person's life are communicated with ISP members.
				documentation regarding changes in routine activities. Determine how much input the person and/or direct support professional have in making those changes.**
				
				Check any documentation that relates to schedules and determine if others follow the same schedule as the person.
				
				If the person has changed providers check to see if the person or the legal representative has provided consent for movement and exchange of information.
				
				Check all documentation regarding any change in Case Management services.
				
				Check documentation to BDDS service coordinator if the person changed residences.

	the individual's support team and the new case manager to coordinate the transfer of case management services? 6. If the individual changed residences, **(within past 3 months)** did the provider notify the BDDS service coordinator within 20 days of the move? a. Did the individual receive the service coordinator's written approval before moving? _**Related Personal Outcome Measures©:**_ People experience continuity and security. People choose services. People choose personal goals.			
II.B. Service Provision **Desired Outcome:** Services are furnished in accordance with the participants plan.	**II.B.1 The individual receives continuous and consistent services and supports from each of his/her providers.** 6-14-2; 6-14-3; 6-14-4; 6-14-5; 6-19-6; 6-20-1; 6-22-1; 6-24-2; 6-25-3; 6-25-4; 6-25-6; 6-25-7; 6-29-2; 6-31-1 1. Has the provider developed a sufficient staffing plan that includes all funded staff positions? 2. Does the provider implement an on-duty work schedule for supervisory, professional and direct support professional that is sufficient to provide services and supports to the person? 3. Does the provider have an emergency staffing plan that at a minimum provides the supports needed to keep the person safe? 4. Have staff members received training in skills and abilities needed to implement the person's plan? 5. If there is a need to verify qualifications of staff, could the	**Make a notation regarding how many paid staff members are present and providing support to the person.** **For each service provided note who the staff is that provides that service.** **Note the staff's teaching interactions.** **Following any training sessions watch to see if staffs complete any documentation for the training.** **Watch for any implementation of procedures that may have been written by**	**Ask the Supervisory staffs who makes the assignments in the residence.** **Ask the manager or supervisor who completes the staffing plan what numbers are required.** **Ask the direct support professional what kind of training and supports are in the person's ISP.** **Ask the Case Manager what methods are used to ensure that staff across environments implements training and intervention procedures**	**Review the staffing plan. Determine if all of the person's needs and safety needs according to the ISP are met by the staffing plan.** **Review the staff work schedule to determine if sufficient staff is present to implement supports as outlined in the ISP at all times during the week.** **Review any document that outlines what the emergency staffing plan requires.** **Review any documentation regarding how many times "emergency" staffing has been used in the past**

		other providers: i.e., behavior support procedures, or medication administration training.	consistently.	three to six months.
	provider produce documentation that the individual's direct support professional meets the qualifications for providing their particular service? 6. Do the individual's staff document that they have provided services and supports in accordance with the person's support plan and the provider's policies and procedures? 7. Does the provider accurately implement any systems that other providers have developed for the individual (i.e., medication administration system, seizure management system, health-related incident management system, behavioral support plan)?			

	II.B.2 The provider has the necessary systems and supplies to implement the individual's support plan.
	Supporting Regulations: 6-10-6; 6-11-2; 6-11-3; 6-12-2; 6-13-2; 6-14-6; 6-21-1; 6-21-2; 6-26-1; 6-32-1; 6-32-2; 6-34-1; 6-34-2; 6-34-3
	
	1. Does the provider have available:
	    a. supplies for daily living activities?
	    b. materials needed to implement the person's support plan?
	2. Are nutritious food and any necessary dining equipment available that meets the person's dietary needs and preferences?
	3. Are furniture and other necessary household equipment available to provide the individual needed services
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		Watch for training situations and note materials are used.
		
		Observe a meal during the visit and note the food served and dining equipment that is used to support the person.
		
		Look for needs for modification of food and observe if food consistency is appropriate to needs.
		
		Check the utensils offered during a meal to see what options the
			*****************************
			
			Ask the direct support professional if they have enough materials to implement each of the training programs.
			
			Ask the direct support professional what kind of materials are needed to implement training programs listed in the person's ISP.
			
			Ask the direct support professional about any modifications to the person's food.
			
			Ask the direct support
				*****************************
				
				Review the methods section of the ISP for the training objectives and determine what materials are needed to implement the training for each objective.
				
				Check dietary or physician orders to determine if food consistency modification is needed.
				
				Check the ISP for needed adaptive equipment.
				
				Review training records for the staff to determine if providers are providing

	and supports?
	4. If indicated in the individual's support plan, are specialized supports, including adaptive, therapeutic, corrective, prosthetic, orthotic, and mobility devices, available?
	   a. Do these fit the individual?
	   b. Are they in good condition?
	   c. Has the individual been trained in how to use the support?
	5. Does the provider have an effective and timely system for repairing, maintaining, and replacing furnishings and equipment and for maintaining the individual's physical environment?
	   a. If the individual received any environmental modifications, or if the individual's support plan included environmental modifications, do these or did these have at least a 90 day warranty?
	6. Does the staff know who to call and how to move up the organizational chart if they are not getting what is needed for the individual?
	7. Does the provider have an effective system for contacting administrative staff after hours, on weekends, on holidays and during the absence of regularly assigned supervisory staff?
	8. Does the provider have a supervisory structure that promotes continuity and consistency of needed services and supports?
	9. Does the provider implement communication strategies that promote the individual receiving continuous and consistent services and supports, including communication between support staff and with the person?
	10. If there are concerns about the provider's financial stability, does the provider have evidence that they could
		person is offered to eat the food.
		
		Note the need for any adaptive equipment or devices that support the person being more independent.
		
		Note the quality of the condition of the adaptive equipment.
		
		Note if the person who uses the adaptive equipment is able to use it correctly. If not, note how much assistance the staff provide.
			professional about any adaptive equipment that must be used.
			
			Check with the Case Manager to determine if food modifications and adaptive equipment is included as part of the person's ISP.
			
			Ask the Case Manager about any needed specialized training for adaptive equipment.
			
			Ask the Case Manager what staff is responsible for providing the needed training regarding the adaptive equipment.
			
			Ask the Direct support professional how broken or missing equipment is replaced for the person.
			
			Ask the House Manager about personal insurance coverage for the person in case of injury, accidents or other reasons due to provider's delivery of services.
				needed training.
				
				Examine the provider's insurance protection coverage for the person due to liability from the provided while providing services.
				
				Review any policies and procedures the provider has that relates to conflict of interest.

	maintain services for the individual even if the state was unable to pay for services for at least two months?
	
	11. If there is a concern discovered, does the provider have insurance that at least covers personal injury, loss of life, and property damage to an individual caused by fire, accident, or other casualty arising from the delivery of services?
	
	12. If any conflict is suspected, does the provider have policies and procedures regarding conflicts of interest and the disclosure of possible conflicts of interest? **(Many examples exist, such as a guardian who is also staff and requires the person to pay rent for a house owned by the guardian and shares payments with the provider to maintain a job.)**
	   a. Are these enforced?
	
	13. If the individual receives transportation services, is this provided by vehicles that have been properly maintained, registered, and insured?
	   a. Is the vehicle always operated by someone who has a valid Indiana driver's license?
	b. Does the provider have liability insurance that covers personal injury, loss of life, or property damage?
	14. When a provider transports an individual, does the provider have a system to ensure the vehicle is being used properly, is maintained, registered, and insured?			

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	II.B.3 Information contained in the individual's personal file promotes continuity and consistency of services. **Supporting Regulations:** 6-17-2; 6-17-3; 6-17-4; 6-19-7; 7-4-4 1. Is the individual's personal information presented or written so as to promote continuity and consistency of services and supports? 2. Does the provider maintain a personal file of information and documentation of services and supports needed by and provided to the person? a. Does this personal file include the person's response to those services and supports? 3. Does the provider work with people to ensure that records are arranged so access to current and historical personal information is easier? 4. Does the provider have a system to ensure personal information contained in the personal file is complete, accurate, clear and legible? 5. Does the individual, and/or his legally authorized representative(s), have access to, and ability to use and contribute to the information that is in their personal file if he chooses to do so? *Related Personal Outcome Measures©:* People are safe. People have the best possible health. People experience continuity and security. People realize personal goals.		**Ask the person if the personal file is available for review when requested.** **If the person's legally authorized representative is available, ask if that person has access to the person's file upon request.** **Ask the House Manager if the person's personal file is available for review by the person or the person's legal representative if requested.** **Ask the House Manager if a system exists to quality check the person's file for completeness, accuracy, clarity and legibility.**	**Review the person's personal file to determine if all service providers document their services consistently.** **Check the design of the file to determine if information is easily and quickly found.** **Determine if procedures are written to explain the process for providing a quality check for the person's file.**

II.C Ongoing Monitoring Desired Outcome: *Regular, systematic and objective methods – including obtaining the participant's feedback – are used to monitor the individual's well being, health status, and the effectiveness of HCBS in enabling the individual to achieve his or her personal goals.*	**II.C.1 The data and documentation supports evaluation of the services and objectives in the individual's support plan.** **Supporting Regulations:** 6-10-9; 6-10-10; 6-17-4; 6-19-1; 6-19-6; 6-19-7; 6-24-1; 6-25-3; 6-25-7; 7-4-5 1. Does documentation show that the individual consistently received the supports and services indicated in their support plan? a. Does the content of the data and documentation support the implementation of consistent service and supports? 2. Is there evidence that the case manager conducted monitoring visits as specified in the person's support plan or at least: a. once in-person with the individual every 90 days b. twice, in-person, in the individual's home c. once in-person and unannounced 3. In monitoring how the individual's support plan is being implemented, does the case manager's documentation include an assessment of the: a. quality of services and products delivered b. timeliness of services and products delivered c. appropriateness of services, d. appropriateness of the outcomes e. individual's progress towards meeting outcomes 4. Does the case manager's monitoring include information or progress, as applicable, about the individual's: a. medication administration system; b. behavior support plan; c. health-related incident	**If by chance, or schedule, the Case Manager is on-site during the surveyor visit, view the interactions between the Case Manager and the person.** **Determine if the person seems to know the Case Manager.** **Observe to see if the Case Manager has to ask direct support professional to point out the person.**	**Ask the Case Manager how long the person has been a part of that Case Manager's caseload.** **Ask the Case Manager how often the person is actually visited face-to-face.** **Ask the Case Manager if the visits are documented anywhere.** **Ask the Case Manager how often observations are made regarding services actually being delivered or implemented by providers.** **Ask if the Case Manager documents observations of actual services when they are being delivered.** **Ask the Case Manager what average time is between a requested service and the delivery of that service.** **a. Ask if that time** **interval is** **documented.** **Ask the Case Manager how it is determined that services to the person are actually**	**Review Case Manager's case notes for that person to determine the frequency and content of the visits. (InSite)** **Review any visitation schedules provided by the Case Manager.** **Review any other documentation and verification data provided by the Case Manager.** **Check any logs the Case Manager provides regarding timeliness of services from providers.** **Check the ISP goals and objectives for signs of progress or loss of skills.** **Check the ISP or other documents provided for evidence that the data collected for objectives is valid and reliable.** **Check the review dates on the ISP and note the time between reviews.** **Check any procedure or written practice that documents data verification.** **If the direct support professional document Case Manager visits to the person, reconcile that with the information received**

	management system; 　d. medication side-effects; 　e. seizure management system; and 　f. any other system in place for the person 5. Is there documentation of the case manager's follow-up and resolution of problems? 6. Does the documentation support that providers assess the appropriateness of the individual's goals at least every 90 days? 7. Does the provider have a system to monitor how the individual's support plan is being implemented? 　a. Does it include direct observation of services and supports as well as assessment of the reliability of data used to evaluate people's progress? 8. Does the individual's support team review the person's support plan at least annually? 9. Does the provider comply with the state's automation standards and requirements for documenting service delivery? **(i.e., INsite, DART or IPMGs INTOUCH)** **_Related Personal Outcome Measures©:_** People experience continuity and security. People realize personal goals. People have the best possible health.		**being implemented.** **Ask the Case Manager/Provider of Service if there is a system in place to verify the reliability of the data collected for training and intervention programs.** **Ask the Case Manager how often the person's support plan is reviewed.** **Ask the Case Manager and House Manager if the state's automation system for documentation is followed.** **Ask the Case Manager/House Manager to explain what is done with that system.** **Ask direct support professionals how often they see the Case Manager with the person.** **Ask the direct support professional if documentation of the Case Manager's visits is kept.**	**from the conversation with the Case Manager.** **Have the Case Manager explain discrepancies.**
II.D Responsiveness to	**II.D.1 The individual's support plan is modified when there are**		**Ask the direct support professional about any**	**Review the ISP for significant changes in the**

Changing Needs **Desired Outcome:** *Significant changes in the participant's needs or circumstances promptly trigger consideration of modifications in his or her plan.* .	**significant changes in ability, needs, desires or circumstances.** **Supporting Regulations:** 6-19-6; 7-4-5; 6-25-8 1. When the person's status changed due to changes in physical condition, mental status, age, or any unusual event, has his/her support plan been updated accordingly to appropriately address these new needs? **2.** Have any changes been implemented promptly? ***Related Personal Outcome Measures©:*** People choose services. People choose personal goals		**significant changes in the person's status during the past few weeks or months.** **If there has been significant change ask the direct support professional about any IDT response; what was that response?** **Ask the Case Manager what conditions would exist for updating the ISP.** **Ask the Case Manager to explain the circumstances under which the ISP is modified.**	**person's status and needs.** **Determine how the IDT has adjusted the plan to meet those changes.** **Review the schedule, if one exists, that relates to the updating of the person's ISP.**
Focus III: Participant Safeguards **Desired Outcome:** Participants are safe and secure in their home and communities, taking into account their informed and expressed choices.				
III.A Risk and Safety Planning **Desired Outcome:** Participant health risk and safety considerations are assessed and potential interventions identified that promote health, independence	**III.A.1 The individual has health care supports.** **Supporting Regulations:** 6-19-1; 6-25-1; 6-25-2; 6-25-4; 6-25-5; 7-5-8; 1. Have the person's health care providers (primary and specialists) been identified based on the person's needs? 2. Does the individual choose their own health care providers?	**Determine through observation if the person takes medication independently or with supports.** **If supports are provided, determine if those supports are**	**Ask the person if personal health information is provided and explained on a regular basis.** **Ask the person if administering their own medication is a preference or not.**	**Review any policies and procedures that outline how the person is supported to manage personal health care, or learn to manage personal health care.** **Review any procedures that guide the IDT to**

and safety with the informed involvement of the participant.	3. Does the individual make and keep his/her own health care appointments and records?
	4. Does the individual have input into choosing the person/provider-identified in the support plan as responsible for overseeing the individual's health care services?
	  a. Is the individual's health care being coordinated and monitored by this person/provider?
	5. Is the person provided understandable information about their health, their medications and treatments, including the purpose, intended outcomes, side effects or other risks and alternatives?
	  a. Is the person then supported in making choices regarding their medical care?
	6. Are the person's preferences and ability to self-administer medications and treatments assessed at least annually?
	7. Is the person provided the level of support necessary to ensure that they take medications and complete treatments according to prescribed orders?
	8. Does the person self-administer medications, with support as necessary?
	9. When the person refuses to take medication is there an evaluation to ensure the person's health and safety?
	10. Does the person know how to access medical emergency services?
		formalized training or informal supports.	**Ask the person if self-administration of medication training is received.**
			
			Ask the Case Manager who is the person or provider who coordinates Health Care Services.
			
			Ask that person if they had input in the Health Care Services plan.
			
			Ask the person if they feel comfortable with their health care provider.
			
			Ask the person about seeking emergency medical services.
			
			Ask the person if there are any times when medication is refused.
			
			If so, ask about the reasons why medication is refused.
			
			Ask the Case Manager how much input the person has in choosing providers.
			
			Ask the direct support professional about how medical appointments are made. Who makes those appointments?
				supporting the person to provide input into choosing providers.
				
				Review the ISP for self-administration assessment, training plan and current documentation of progress.
				
				Review the incident reports for any medication refusals and the actions of the IDT.
				
				Review any documentation that outlines the procedures for obtaining needed medical emergency services.

			Ask the direct support professional if the person receives training in self-administration of medication. Ask direct support professional to describe the practice when the person refuses to take medication. Ask the direct support professional to explain the practice of obtaining emergency medical services.	
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	III.A.2 The individual has access to quality health care. **Supporting Regulations: 6-19-1; 6-25-2; 7-5-8;** 1. Does the provider define the frequency and type of health care evaluations and screenings that the individual should receive? a. Are these the same as what is generally practiced by people without disabilities for prevention, early detection and treatment? b. Does the individual receive health care evaluations and screenings according to the provider's policy? 2. Does the individual receive medical	**When spending time with the person observe if there are medical issues and note what those issues are.** **Note if there is significant health risks present.** **Spend some time with the person during meal time to see if there are difficulties in swallowing.**	**Ask direct support professional if they are familiar with any procedures regarding healthcare screening assessments for the person.** **Ask the Case Manager to explain the practice regarding healthcare evaluations.** **Ask the Case Manager to explain the practice to complete routine**	**Review any policies or procedures that govern the use of healthcare evaluations and screenings.** **Review the person's Medical file for routine, specialized evaluations for the disorders.** **Review the documents that record the treatments provided and match them to the physician's orders for consistency.**

	evaluations according to physician recommendations? 3. Does the person have current and relevant specialized health care assessments for seizure disorders; orthopedic or neuromuscular disorders; eating disorders, including dysphasia (speech), dysphagia (swallowing difficulty), gastroenterological disorders, and other nutrition concerns; psychiatric disorders; or any other health condition that typically requires evaluation by a licensed health care provider? 4. Does the individual routinely receive comprehensive physical examinations? 5. When the person wants assistance delivering information during health care visits is this support available? 6. If the person has significant health care risks, does the person have a risk plan that outlines interventions and monitoring systems (and when appropriate include recommendations of health care providers)? 7. Is the individual's staff trained to competency and able to demonstrate implementation of the person's risk plan?	**Determine if precautions for choking are being used.** **Note how staffs interact with the person who has any special health issue or uses any special adaptive equipment.**	**screenings for disorders like seizures, speech, swallowing, nutritional or mental.** **Ask the House Manager how the provider ensures that physician's orders are followed as written.** **Ask the Case Manager or medical staff to explain the frequency and criteria for physical exams for the person.** **Ask the Case Manager if the person has significant health risks.** **If health risks exist, ask direct support professional and the Case Manager if a health risk plan has been completed for the person.** **If a plan exists ask the direct support professional who and how the training to implement the plan was completed.** **When you take someone to a doctor's appointment or other health care provider, do you bring anything with you?**	**Check the person's file for evidences of complete physical examinations.** **Review the ISP for a risk plan to determine if health risks have been identified.** **For identified health risks review the treatments and procedures that mitigate the risk for the person.** **Note the effectiveness of the plan by reviewing incidents for that person against the frequency of occurrence of the risk that is identified in the plan and treated.** **Note the frequency and conditions under which the plan is reviewed and modified.** **Review documents related to training the staff in the implementation of the risk plan.**

			What typically happens at the appointment?	
			Do you get any written information from the doctor?	
			If so what do you do with it?	
			Are you supposed to write anything about the appointment or tell anyone about the appointment or the results?	
			Does a nurse come to the house? How often? What types of things does the nurse check or ask staff?	
			When there is a need to give a "prn" medication or treatment, what happens? Who decides? What is the process? How does it get recorded?	
			How are routine/periodic appointments, labs, etc managed?	
			Have you met with or talked to other members of the IDT team regarding the status of the person's health or health care needs? What was	

			discussed?	
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	III.A.3 Documentation supports evaluation of health care objectives and promotes continuity of services and supports.
	 Supporting Regulations: 6-19-1; 6-25-2; 6-25-3; 6-25-7; 6-26-1; 7-5-8;
	 1. Does the person's personal file contain current and relevant health care evaluations and screenings?
	 2. Does the person's individual support plan document the results of health care evaluations and screenings, including recommendations?
	   a. Does documentation show that the individual's support team has reviewed evaluations, screenings, and recommendations?
	   b. If recommendations are not being implemented, is there documentation to support why they are not?
	 3. Does the person's individual support plan include a description of health care support needed?
	 4. Does documentation show that the individual consistently receives needed health care supports?
	 5. Based on the person's health care needs/issues, are there documentation systems in place for tracking and monitoring their health care patterns (i.e., dysphagia, weights, bowel movements, sleep, intake, diet, adaptive equipment, etc.)?
	 6. Does documentation show that the individual's health care supports are reviewed routinely by a person qualified to do so and at least annually by the team?
		When spending time with the person note any medical treatment or health concerns that are observed.
		
		 Note who provides that medical treatment, i.e., direct support professional, nursing staff, medical staff, management or supervisory staff.
		
		 Note any documentation completed by the person who completed the health care services.
			For treatments observed, ask the person who provided the treatment why it is being provided, is it a physician recommended treatment and what kind of training was completed to be qualified to provide that treatment.
			
			 Ask the health care coordinator and the Case Manager how health related recommendations are resolved.
			
			 Ask the health care coordinator and the Case Manager if there are any recommendations that are not yet implemented.
			
			 Ask the Health Care Coordinator how often health care supports is reviewed.
			
			 Ask the Case Manager to explain the qualifications required for the person who reviews the health care supports.
				For any medical treatment observed review the personal file for healthcare evaluations that provide the recommendation for that treatment.
				
				 Review the ISP for health care recommendations and determine what action has been taken.
				
				 Review the ISP to determine the frequency of review for health care supports by qualified people.
				
				 Review the health care supports to determine if the IDT reviews them on at least an annual basis.
				
				 Review health care plan for content:
				 Notes documenting chronic health issues;
				 Notes documenting episodic situations;
				 Notes documenting the health change of status;
				 Notes documenting recommendations of health care provider;
				 Notes documenting results of implemented treatments;
				 Notes that are current for period reviewed and up to

	7. Is there evidence to support that data are used to assess effectiveness and progress towards achieving health care goals?		**Ask the health care coordinator and the Case Manager to explain the documentation system required to track health care supports.** **Ask the Direct support professional to explain what kinds of health care information they document regularly.** **Ask the Direct support professional where they keep that documentation.** **Ask the Direct support professional if anyone else in the organization reviews the information they document.**	**date.** **Review tracked data if consistent with identified health care needs and risk plan.** **Review tracked data for trends that demonstrate effectiveness of treatments.**
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	III.A.4 The individual has safety supports. **Supporting Regulations:** 6-9-5; 6-28-1; 6-28-2; 6-29-7; 7-5-8; 1. Is the individual's ability to be safe in their environment assessed? 2. Does the assessment look at the individual's ability to:	******************************** **When spending time with the person note any situations in the environment that may be unsafe.** **Look for any risk issues in the following areas:**	******************************** **Ask direct support professional about any conditions that may have been observed that appears to be unsafe.** **Ask the direct support professional about any**	**Review the person's ISP, or related documents for any training plans relative to emergency response.** **Check any documents relative to environmental assessments to identify safety issues.** **Check documentation for**

	a. be safe in the kitchen
	b. use cleaning supplies
	c. adjust hot water
	d. Respond in the event of fire or severe weather
	e. call for help
	f. manage other safety concerns specific to the person
	3. Does the person have available needed safety supports?
	  a. Does this include anti-scald devices if indicated in the person's ISP?
	  b. Is the hot water temperature no higher than 110 Fahrenheit?
	4. Are assessment results, including supports needed to be safe at home, **in** his/her community and at work, documented in the person's support plan?
	5. Does the individual receive an individualized safety assessment on an ongoing basis that is reviewed at least annually?
	6. If the individual uses a personal emergency response system,
	  a. Does the provider of that device maintain the installation date, maintenance dates, and documentation on any alterations made to the device?
	  b. Does the individual have at least a 90 day warranty for the device?
	7. When a person is unable to follow procedures for dealing with an emergency or crisis, has the provider developed a documented plan to support the person during these episodes?
	8. Has the person and his/her staff been trained in emergency plans?
	9. Does the person receive supports only to the extent needed?
		Environmental Safety
		Home Exterior
		Yard
		Neighborhood
		Garage
		Location
		Home Interior
		Walls
		Doors
		Windows
		Sanitation
		Evacuation Plans
		Vermin/insect
		Smoke Detectors
		Water temps
		Storage
		Food Quantity
		
		Test the water temperature.
		
		Check for any aids for emergency evacuation, i.e., blinking lights, working alarms, designated evacuation locations, any responses to evacuation.
			training they have been provided regarding safety procedures including emergency evacuations.
			
			Ask the Case Manager about any special training required for the person to help with emergency evacuations.
			
			Ask the Case Manager to explain the process the IDT uses to resolve issues of discovered unsafe safety conditions.
			
			Ask the Case Manager about any assessments conducted regarding safety for the person.
			
			Ask the Direct support professional to explain the uses of any safety devices used for the person.
			
			Ask the House Manager what training and how that training has been taught to the direct support professional.
				repair of equipment schedules and frequency if equipment breakdown.
				
				Check incident reports to determine if accidents or injuries have been related to environmental hazards.
				
				Check the ISP to determine if an environmental safety assessment is completed for the person at least annually.
				
				Review the training documents for verification that staffs have been competently trained in the use of any adaptive devices used to mitigate safety risks.
				
				Review the emergency evacuation records to determine frequency and compliance.

	Related Personal Outcome Measures©: People have the best possible health People are safe People are respected People are connected to natural support networks People choose services			

III.B Critical Incident Management
Desired Outcome: *There are systematic safeguards in place to protect participants from critical incidents and other life-endangering situations.*
	Surveyor Guidance: If there are concerns about a provider reporting, reviewing, and/or investigating incidents of abuse, neglect, mistreatment, or exploitation then follow-up by reviewing the provider's policies. However, in the absence of evidence to the contrary, we assume that indicators III.B.1 and III.B.2 are met:
	
	III.B.1 The provider implements policies and procedures that define, prohibit and prevent abuse, neglect, mistreatment and exploitation.
	Supporting Regulations: 6-8-3; 6-9-2; 6-9-3; 6-9-4; 6-9-5; 6-10-5; 6-14-4
	1. Are the provider's definitions of abuse, neglect, mistreatment and exploitation comprehensive and specific?
	2. Does the provider's policy expressly prohibit abuse, neglect, mistreatment and exploitation of people?
	3. Do the provider's policies and procedures include screenings to prevent hiring people with a previous history of substantiated abuse or neglect?
	4. Do policies and procedures include:
	  → prevention strategies?
	  → identification strategies?
		During time spent with the person look closely for any injuries, either fresh or healing.
		
		Look for scars that may indicate multiple injuries.
		
		Notice if others who are in the same environment have injuries.
			Ask the direct support professional if they know what to do to complete a reportable incident regarding abuse, neglect or mistreatment.
			
			Ask the direct support professional if the person ever gets injured by others who may share the same environment.
			
			Ask the direct support professional if the person ever injures another person who may share the same environment.
			
			Ask the Case Manager how the person is protected if a staff accused of abuse is being investigated.
			
			Ask the House Manager if the accused person is in contact with any person supported
				Review the policies and procedures for information regarding the practices that govern abuse, neglect, mistreatment or exploitation.
				
				Review the policy to determine if protection of the person is provided during investigations.
				
				Note:
				If the accused continues to be in contact with persons supported anywhere in the organization, it is a critical violation.

	→ staff training requirements? 5. Has the provider defined the responsibilities and procedures for reporting allegations of abuse and neglect to APS, CPS and the individual's legal guardian as applicable, the case manager, and BDDS? 6. Has the provider defined the procedures for protecting people from potential further abuse, neglect, mistreatment or exploitation?		**during the investigation.**	
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	III.B.2 The provider implements systems for reviewing and analyzing trends, potential risks and sentinel events including allegations of abuse, neglect, mistreatment and exploitation, and deaths.
	Supporting Regulations: 6-9-2; 6-9-4; 6-9-5; 6-10-7; 6-10-10; 6-19-8; 6-25-10;
	1. Does the provider have policies and procedures that define its system for protecting people from abuse, neglect, mistreatment and exploitation?
	2. Is this system used to identify patterns or isolated incidents that may be indicative of abuse, neglect, mistreatment or exploitation?
	3. Does the provider have a system for maintaining data on reports of allegations of abuse, neglect, mistreatment or exploitation?
	4. Does the provider have a system for obtaining individual and provider-wide data on:
	   → allegations of abuse, neglect, mistreatment or exploitation
	   → injuries, of known and unknown origin
			Ask the direct support professional to explain what happens when an allegation of abuse or neglect is made against a staff member.
			
			Ask the direct support professional to explain what data, if any is charted on reportable incidents, injuries to the person whether explained or unexplained and who that data are given to.
			
			Ask the Provider of Services and Case Manager how the data are aggregated.
			
			Ask the Provider of Services and Case Manager if reports are generated from the data collected.
				Review the policy and procedure for protecting people from abuse, neglect, mistreatment and exploitation.
				
				Review the established database that holds the information regarding incidents and allegations.
				
				Review the reports that have been drawn from the information stored in the established databases.
				
				Review the changes that have been made in the provider's operations based on the trend analysis from the system's data source.

	→ instances of morbidity and mortality → intrusive and restrictive interventions		**Ask the Provider of Services and Case Manager if any trends emerged through the data.**
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	Surveyor Guidance: Indicators III.B.3 and III.B.4 are applicable when there has been an allegation made by the person or on behalf of the person of abuse, neglect, mistreatment, or exploitation.
	
	III.B.3 The provider ensures objective, prompt and thorough investigations of each allegation of abuse, neglect, mistreatment and exploitation.
	Supporting Regulations: 6-9-2; 6-9-4; 6-9-5;
	1. Does the provider have an established protocol for conducting investigations?
	   a. Does this protocol include having an effective process for determining who will investigate an allegation, injury, or death?
	2. Does the provider complete investigations on a timely basis?
	3. Does the case manager submit a follow-up report concerning the incident to BDDS:
	   a. within 7 days of the initial incident
	   b. every 7 days thereafter until the incident is resolved
	4. Has the provider suspended staff involved in an incident pending the provider's investigation?
		For allegations of abuse, neglect, mistreatment and/or exploitation:
		
		Spend time with the person to determine if there are untoward effects of the substantiated abuse.
			If the Human Resource (HR) officer is available, ask what happened to the person against whom the allegation of abuse was made.
			
			Ask if the person was suspended during the investigation process.
			
			Ask the Case Manager if the follow-up report was sent to BDDS within 7 days of the initial incident.
				Review the incident and investigation reports to determine if the investigation was investigated in a timely fashion.
				
				Review the final report from the investigation and determine if the Case Manager sent the reports to the BDDS as required.

	III.B.4 The provider ensures thorough, appropriate and prompt response to substantiated cases of abuse, neglect, mistreatment and exploitation, and to other associated issues identified in the investigation. **Supporting Regulations:** 6-8-3; 6-9-2; 6-9-5; 6-10-10; 6-19-8; 1. Did the provider's actions taken in response to the substantiated case reduce the likelihood of similar incidents reoccurring (possible termination of employment)? a. Does the provider have data to validate that planned actions have been implemented? b. Were these actions effective? Did they reduce the reoccurrence of similar incidents? 3. Did the case manager document the actions taken to resolve any and all problems? 4. Did the provider share the results of investigations and its responses with the people entitled to receive that information **(for example, person who made allegation, guardian and person against whom allegation was made)**? **(Remaining indicators in this focus area are to be assessed all the time.)**		**Ask the Provider of Services and Case Manager about the disposition of the person against whom an allegation of abuse was made.** **Determine if the staff person was terminated or transferred to another area where contact can be made with persons being supported.**	**Review the investigation and any reports of investigation results.** **Determine if the recommendations from the investigation has been followed.** **Review the final disposition of the person against whom the allegation was made.**
		**********************************	**********************************	********************************
	III.B.5 The individual is free from abuse, neglect, mistreatment and exploitation. **Supporting Regulations:** 6-9-2; 6-9-3;	**When spending time with people notice if**	**Ask the person to explain their rights regarding**	**Review the policies and procedures to determine if**

	6-9-5; 6-18-2; 7-5-8
	1. Has the individual been provided understandable information about their rights to be free from abuse, neglect, mistreatment and exploitation?
	2. Is the person supported to report allegations of abuse, neglect, mistreatment and exploitation?
	3. If the individual causes injury or harm to himself or others, does the individual receive supports to replace those behaviors?
	4. If the individual has been subjected to abuse, neglect, mistreatment or exploitation, does the individual receive full supports to mitigate the effects?
	  a. Has the individual been afforded supports to address the effects of the abuse even if:
	    → the abuse occurred before entering into the provider's system?
	    → the perpetrator is another person who receives supports from the provider?
		they are "jumpy" or startled and respond to others approaching with raised arms as if being defensive.
		
		Observe the way people are being treated by others.
		
		Note any injuries and how the injury occurred.
		
		Note if the person is reluctant to approach staff or others
		
		Note if the person cowers or backs away when approached.
			abuse/neglect.
			
			Ask the person if they had any injuries; ask them how it happened.
			
			Ask if anyone has ever hurt them.
			
			Ask the person who they will tell if anyone ever hurt or yelled at them.
			
			Ask if anyone has ever taken their money or personal things.
			
			Ask the person to explain what abuse, neglect, mistreatment and exploitation mean to them.
			
			Ask the person if they have ever had any of that (A, N, M, E) done to them. Then ask what happened.
			
			Ask the person if they are satisfied with any support they receive to help them cope with experiences. Ask what support.
			
			Ask the direct support professional if they are aware if any information about rights is given to the person.
				there is a practice to give people information regarding being free from abuse, neglect, mistreatment and exploitation.
				
				Check the Risk plan and ISP to determine if the person has supports provided to address effects of abuse if the person has been subjected to abuse.

		Ask the Case Manager to explain how the person understands personal rights to be free from abuse, neglect, mistreatment and exploitation. **Ask the Case Manager and Provider of Services if they are aware of any abuse, etc. that has happened to the person.** **Ask what supports are needed based on that experience.**	
	III.B.6 The individual's support staffs know how to prevent, detect and report allegations of abuse, neglect, mistreatment and exploitation. **Supporting Regulations:** 6-9-2; 6-9-3; 6-9-5; 6-14-4; 6-16-2; 6-16-3; 1. Has the individual's support staff received an orientation on what constitutes abuse, neglect, mistreatment and exploitation? a. Did this orientation include how to prevent, detect, and report incidents of abuse, neglect, mistreatment, and exploitation? b. Does the provider conduct this training on an annual basis? 2. Before providing supports to the individual, do staff demonstrate competency in defining abuse, neglect, mistreatment and exploitation, and on reporting procedures? 3. Does the provider report all required events to the BDDS office within 24	********************************** **When spending time with the person notice the staff interactions with the person.** **Determine if the person and support staffs freely communicate with each other and appear to be comfortable with each other.**	********************************** **Ask direct support professional to explain the type of orientation they received from the provider.** **If they do not specifically mention abuse, neglect, mistreatment or exploitation without prompting, ask specifically about their training related to that.** **Ask the direct support professional to explain what kind of information they would report to BDDS/APS related to abuse.**	********************************** **Review any documents provided that relate to staff's orientation and training regarding the prevention of abuse, neglect, mistreatment or exploitation.** **Check the training logs for the staff assigned as support staff for the person to determine if they have received orientation and training for the prevention of abuse.** **Check the incident reports relative to the person to determine if the incident was reported to BDDS/APS according to timelines.**

	hours? 　　a. To APS?		**Ask each individual service provider to explain the orientation, training and reporting requirements for service providers regarding abuse, etc.**	
		******************************	******************************	******************************
	III.B.7 The individual's acute health needs are addressed in a timely manner. **Supporting Regulations**: 6-17-3; 6-19-1; 6-19-6; 6-25-3; 6-25-7; 6-25-8; 6-25-9; 1. When the individual has physical or behavioral changes, complaints of illness, accidents and injuries, and other signs and symptoms of illness does support staff recognize and report these events within 24 hours to the person identified in the ISP as responsible for overseeing the individual's health care? 2. Does the provider have a process for ensuring acute health changes are assessed by a qualified health care practitioner in a timely manner? 3. Has the person/provider identified in the ISP as responsible for overseeing the individual's health care developed a health-related incident management system? 　　a. Does this system include: 　　→　Trend analysis? 　　→　Steps taken to prevent or 　　　　minimize the occurrence of 　　　　incidents in the future? 　　→　Has this system been	**When spending time with the person determine if physical health or behavior has changed recently.**	**In conversation with the person, determine the following information:** **What do you do when you feel sick?** **Does staff help you when you get hurt or do not feel well?** **What are some of the things they help you with?** **What happens when you go to a doctor's appointment, do staff help you with that?** **Is there a nurse that comes to your house?** **Do you talk with the nurse about your health or when you are sick?** **Ask the direct support professional if the person has experienced any significant health**	**Review incident reports, daily logs, and progress notes, to see if reportable incidents/medical emergencies were processed, if problems were acted upon in a timely manner, and investigated and resolved as needed.** **When a problem is identified in this area review the facility policies and procedures to identify source of problem (lack of effective policy, or lack of implementation of procedure and policy).** **Review medical records to determine if documentation from doctors' appointments, hospital or ER visits, or other health care providers has been accomplished according to needs.**

			or behavioral changes recently.	Review IDT/nursing progress notes to see if new health care concerns have been assessed and any needed changes have been reflected in risk plans, or ISP plan of care.
	communicated to all providers? → Are all of the individual's providers using this system? 4. Does the person's health care support staff recognize the need for timely transfer to alternative care and treatment? 5. Does the system for ongoing communication between the person's health care support staff, and outside health care staff, promote continuity of care? 6. Does the person's personal file document hospital summaries that include the discharge diagnosis, current health status, necessary follow-up instructions, and any restrictions or limitations? 7. To provide a clear picture of the course of the illness or injury, the treatment provided, and the person's current status from the time of identification through resolution does the person's personal file document the significant event, for example: 　a. seizures. 　b. acute health changes 8. Are the health care supports in the person's support plan modified in a timely manner based upon acute health changes? 9. If necessary, has the person/provider identified in the ISP as responsible for overseeing the individual's health care developed a seizure tracking record for all providers to use to document the person's seizure activity?		**If so, ask the direct support professional to explain what their action is upon notice of that change.** **Ask the direct support professional to identify by name or title who they would notify, and when, if they notice a significant change in the person.** **Ask the person's health care support staff, direct support professional and/or the Case Manager the following:** **What health issues do you have to be most concerned about with the person?** **How do you know they are getting sick? What do you need to watch for?** **When the person gets sick, what do you do? (Actions taken, notifications, record keeping).** **When the person gets hurt or injured, what do you do? (Actions**	**Review training records if new health care concerns require a change in health care actions of the staff.**

			taken, notifications, record keeping).	
		*****************************	***************************	*****************************
	III.B.8 The individual's staff immediately recognizes and respond to medical emergencies. Supporting Regulations: 6-14-4; 6-29-3; 1. Do all staff in direct contact with the individual receiving support have a minimum of First Aid, CPR and general medication training, including how to recognize harmful side effects? 2. As identified in the individual's support plan, is emergency medical equipment available, well maintained, clean, and functional to respond to a potential emergency **(i.e., VNS wand if the individual has the implant for seizures)? (Another example, dysphasia, and any required suctioning equipment)** 3. Are medical emergency responses implemented effectively and decisively? _**Related Personal Outcome Measures©:**_ People are free from abuse and neglect People have the best possible health People are safe	**Initially review the medical equipment in the home to meet the individual's identified medical needs.** **Is the equipment accessible when needed?** **Is equipment taken when the person travels?** **Is emergency medication available in the right dose and quantity?**	**Ask the person's health care support staff, direct support professional and/or the Case Manager the following:** **Has the person had a medical emergency in the past year?** **What was the emergency?** **What was done?** **As a result of that emergency was anything changed about how you are supposed to care for the person?** **Have you been trained in First Aid, CPR?** **Are there special emergency procedures that need to be done because of special risk factors (choking, seizures, and allergic reactions)?** **When spending time**	**Review incident reports, daily logs, and progress notes, to see if reportable incidents related to medical emergencies were processed, if problems were acted upon in a timely manner, and investigated and resolved as needed.** **When a medical emergency has occurred, is there evidence in the record of a team review to assess the need for a change in approach to prevent or minimize the occurrence of future emergencies.** **When a problem is identified in this area review the facility policies and procedures to identify source of problem (lack of effective policy, or lack of implementation of procedure and policy).** **Review training records. Has all staff been trained in CPR and First Aid?** **If a special need in emergency response (i.e. seizure management, or**

			with the person who receives residential services, cover the following questions: Have you had to go to the hospital or emergency room since you have lived here? What happened that you needed to go? Is there something you are supposed to do to prevent another emergency of this type?	allergic reaction) has been identified as a risk for the person, are procedures in place for this response and have staff been trained in these procedures?

III.C Housing and Environment
Desired Outcome: *The safety and security of the participant's living arrangement is assessed, risk factors are identified and modifications are offered to promote independence and safety in the home.*
	III.C.1 The individual's physical environment promotes health, safety and independence.
	Supporting Regulations: 6-29-1; 6-29-2; 6-29-3; 6-29-4;
	1. Do all buildings comply with applicable fire and safety codes?
	2. Does the person's living area contain a working smoke detector(s)?
	  a. Is it tested monthly?
	  b. Is it located in appropriate areas?
	3. Does the person's living area contain working fire extinguisher(s)?
	  a. Are they tested annually?
	  b. Are they located in appropriate areas?
	
	(Note: Carbon Monoxide Detectors are not required by regulation, but are part of the standardized ISP. Therefore, some residential providers may not have them. Check to see if any heating source is supplied by gas or if the
		Notice if any design modifications have been made to support the person.
		
		Determine if the person does need any design modification for accessibility, safety or independence.
		
		Determine if the area is at an appropriate temperature for the weather.
		
		Does the person have access to the thermostat or is it locked? (If it is locked, is this a restriction?)
		
		If it is locked, does staff have access to it,
			Ask the direct support professional if anyone provides visual safety inspections in the environment on a periodic basis.
			
			Ask the Case Manager if any design modification has been made to support the person, or does the person need any design modification for accessibility, safety, independence.
				Review any documents related to safety inspections of the environment.
				
				Review the documentation related to the fire extinguisher for up-to-date documented checks.
				
				Check work orders or contractor receipts for environmental modifications that match the requirements in the person's ISP.
				
				Review training records to determine if staffs that support the person are trained in sanitary practices.

	residence has a fireplace. If so, advise the provider during the closing meeting.) 4. Do the physical spaces and places where the person lives and works comply with applicable environmental codes (for example, are they free of lead paint, radon, mercury and asbestos)? 5. Are sanitary practices implemented to avoid sources and transmission of infections? 6. Does the person's living area conform to the specifications of their ISP? 　a. Have design modifications as specified in the individual's support plan been made to facilitate accessibility and safety? 7. If indicated in the person's ISP, does the individual's living area contain operable anti-scald devices? **(Note: Surveyor must check water temperature regardless.)** 8. Do environments have proper ventilation so that the air quality is safe? 9. Do heating and cooling systems maintain temperature and humidity in a comfortable range? 10. Do supports provided to maintain the appearance of the individual's home, inside and out, keep its appearance consistent with that of other homes in the neighborhood?	**or do they have to call an administrator or supervisor off site to come and change it?** **Are there smoke detectors?** **Are there radon detectors?** **Are there anti-scald devices present?** **Is there evidence that the alarms (detectors) have been checked and are in working order?** **Watch food preparation and meal service to determine if food is prepared and served under sanitary conditions.** **Note any deterioration on walls, ceilings, floors, windows, etc.**		

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III.C.2 Routine inspections ensure that the individual's environments are sanitary and hazard free. **Supporting Regulations:** 6-9-4; 6-29-2; 6-29-4; 1. Does the provider conduct an assessment of the individual's environment every 90 days? a. Are results documented along with evidence of changes made as a result of the assessment? 2. Is there a system for reporting and responding to environmental hazards? 3. Are sanitation problems and safety concerns corrected in a timely and appropriate manner? 4. Are the person's living and work environments sanitary and free of safety hazards? _**Related Personal Outcome Measures©:**_ People are safe. People are respected. People use their environments. People have the best possible health	**Look for evidence of faulty water systems, sewer or septic systems, electrical systems, clogged drains, water damage, guttering, trash or debris around the house or work place, broken furniture and unsafe vehicles used by the person.**	**Ask the direct support professional, the management staff and the Case Manager if the environment is assessed at least every 90 days for sanitary and hazardous issues.**	**Check the maintenance records for repair or replacement of physical systems that create sanitary or hazardous problems when faulty.** **Examples: Water systems, sewer and septic systems, electrical systems, drains, guttering, trash or debris around house, broken furniture and vehicles used for transporting the person.**

| III.D Behavior Interventions Desired Outcome: *Behavior interventions – including chemical and physical restraints are only used as a last resort and subject to rigorous oversight.* | III.D.1 The individual receives positive behavioral supports. Supporting Regulations: 6-10-10; 6-10-13; 6-14-4; 6-17-3; 6-18-1; 6-18-2; 6-18-3; 6-18-4; 6-18-5; 6-18-6; 6-19-6; 6-35-7; 7-5-8;
1. If the individual causes injury to himself/herself or others does he/she receive supports through a behavioral support plan (BSP)?
2. If the individual's BSP was developed by a Level 2 clinician, did a Level 1 clinician approve the plan in writing?
3. Is only support staff with prior training and demonstrated competency responsible for implementing the BSP?
4. Has the individual's BSP been developed by a qualified professional and/or person who knows the individual well across all settings?
5. Is the BSP based on an assessment of the function of the individual's behavior, including the communicative intent of the behavior?
6. Does the BSP include:
→ teaching functionally equivalent behavior strategies?
→ using non-aversive strategies to support the person in learning functional and useful replacement behaviors?
7. Does staff documentation include descriptions of:
→ what precipitated the targeted behavior
→ activities that helped alleviate the targeted behavior
→ date/time that targeted behavior occurred
→ length of time targeted behavior lasted | Observe the person's behaviors and staff interactions/responses to the behaviors. Is staff following the person's BSP?

Look for any procedures being implemented that have not been through due process. | *Ask the person:* What kind of mental health and/or behavioral supports do you receive?

Ask staff: Does the person display behaviors that are harmful to them or others?

Do they display other behaviors that you are concerned with?

Have any behaviors resulted in injury, restraints, PRN medication, law enforcement involvement, etc. If so, review the incident reports, behavioral data, team meeting notes, etc.

Do they have a behavior support plan that addresses their problem behaviors?

Talk with them about their knowledge of the plan and interventions, including teaching replacement behaviors. Do they believe the plan addresses the problem behaviors and is effective?

Are data being | Review the person's behavior support plan. Is it based on information from a functional assessment? Has the functional assessment ruled out medical causes for the behavior?

Is there a clearly stated reason (hypothesis) for what is causing the behavior?

Does the plan include teaching replacement behaviors related to the function (reason) of the person's behavior?

Is there a documentation system for tracking and monitoring behavior?

Is there documentation to show that the Case Manager, Behavior Clinician and IDT are monitoring the person's behavior/progress and making revisions in the person's plan when warranted to address their problem behaviors?

Review behavioral data, Monthly/quarterly summaries completed by team members. In review of data and documentation look for accuracy (data recorded are consistent with actual |

	8. Does the provider have a system to monitor the implementation of the individual's BSP?
	   a. Does it include direct observation of services and supports as well as assessment of the reliability of data used to evaluate the person's progress?
	   b. Is personal information presented so as to promote continuity and consistency of services and supports?
	9. Does the provider maintain a cumulative personal file of information and documentation of services and supports needed by and provided to the person?
	10. Does this personal file include the person's response to those services and supports?
	11. If the individual has had a behavioral emergency, did the provider implement policies and procedures that ensure a rapid, effective, and appropriate response?
	
	Surveyor Guidance: Applied behavior analysis support plans can only be developed for children aged 2 to 7.
			collected and does that data demonstrate effectiveness of the procedures?
			
			Ask staff if they received training from the Behavior Clinician (BC) and ask to see the training records; ask how they were trained to find out if they were competency based trained; ask how often the BC visits the home and to see the documentation of their visits; how much time do they spend in the home with them and the person.
			
			What kind of data and documentation are you responsible for keeping? Ask to see the documentation.
				behavior), consistency (data recorded reflect the same trends from several staff over time) and reliability (data reflects what it is meant to reflect).
				
				Are data being kept for replacement behavior?
				
				Review shift-change notes or records to learn of behavioral episodes during shifts.
				
				Review any reportable incidents involving the person being surveyed to determine any behavioral procedures used during the incident.

	III.D.2 The individual is free from unnecessary, intrusive interventions. **Supporting Regulations:** 6-9-2; 6-9-3; 6-9-4; 6-9-5; 6-10-13; 6-14-4; 6-18-2; 6-18-3; 6-18-4; 6-18-6; 6-18-7; 6-19-6; 6-25-3; 6-35-1; 6-35-2; 6-35-8; 1. Does the individual receive only the	****************************** **Look for any signs of locking devices or alarms.** **Look for chairs (Geri) or other furniture that**	****************************** **Ask the Person:** **Do these supports involve the use of any restrictive techniques such as restraint and**	****************************** **If there are intrusive or restrictive procedures being used, is there documentation for informed consent and HRC approval?**

amount of behavioral and medical support necessary to prevent harm to him or others?
   a. Is the person monitored for drug side effects on a regular, systematic basis using a standardized tool?
   b. Does the individual receive the fewest psychoactive medications possible, at the lowest effective dosage possible?
   c. Is there a medication reduction plan? Has a med reduction been attempted within the past five years? If there has been no medication reduction attempted, is there evidence that medication reduction is contraindicated?
 	
Note: The State's position for medication reduction for a consumer with a diagnosis of mental illness was determined as follows:
a. Documentation should show that a medication reduction plan was considered by the attending/prescribing physician;
b. If a medication reduction plan cannot be initiated due to the person's mental health and a potentially high risk of decompensation or regression, then the physician should specifically document why a medication reduction plan would not be safe or feasible for a particular person.
 	
2. Is there clear evidence that the individual has tried less restrictive/intrusive procedures and that these have not been effective?
   a. Is it also clear that the severity of
	can double as a restraining chair.
	
	Look for small, bare rooms that can double as timeout rooms.
	
	Look in locked storage cabinets or closets for person's private property.
	
	Look for locked drawers where sharp knives or kitchen utensils might be kept away from the person
	
	During your survey look to see if there are restrictions that affect other people (i.e. locking up food, sharps, personal items etc.)
	
	When spending time with people, determine if any restrictive or intrusive procedures are used in any way.
	
	Look for any "house rules" that restrict a person's access to the environment in any way.
	
	Note if any restrictions are applied to the person that may restrict any personal property.
		time-out?
		
		Are there any general practices or rules you must abide by?
		
		Are there any practices like taking your things and putting them away so you may not use them when you want to?
		
		Do you have to ask a staff to unlock your things that are locked up?
		
		Do you have any alarms on your doors in your home?
		
		Ask the person:
		Do you see a psychiatrist? Do you receive any medications for your mental health and/or behavior?
		
		Do you know what medications you are taking?
		
		Do you know what the medications are for?
		
		Do you have any side-effects from your medications?
			Does the behavior support plan outline reduction plans for restrictive procedures?
			
			Is the use of restraints documented?
			
			Review of documents: If psychotropic medications are prescribed, is there documentation for informed consent and HRC approval? Does the behavior support plan outline a reduction plan for medications? Is the use of restraints documented?
			
			Is documentation in the person's record showing that the person's medications are reviewed by the IDT?
			
			What kind of information is shared with the psychiatrist? Who accompanies the person to the psychiatrist? How is medication changes communicated with staff?
			
			Is documentation kept on side-effects?
			
			Is there an AIMS scale or some other instrument to measure abnormal

	the individual's behavior justifies incorporating highly restrictive/intrusive procedures into the BSP procedures including, but not limited to, physical restraint, psychoactive medication, and/or timeout procedures?
	   b. Has this evidence been made clear? Is there documentation?
	3. Does the Rights Committee review and approve any highly restrictive/intrusive procedures incorporated into a BSP before implementation?
	4. If the person has a behavior intervention plan that includes highly intrusive procedures or other restrictive techniques did the person or the person's legally authorized representative provide prior written informed consent?
	5. If the individual has had restraint devices or restraint procedures, were these applied only by staff with demonstrated competency for how the device or procedure should be used?
	6. Do the provider's restraint policies and procedures detail how people are safeguarded?
	   a. Do they prohibit prone restraint and standing orders for restraint?
	
	(Note to Surveyors: If restraint is used with an individual, determine if the individual is restrained in the prone (face down, lying on stomach) position. If so, immediately contact your Survey Coordinator with that information. The Survey Coordinator should immediately contact Liberty BQIS management so the information can be shared
			Do you feel tired and sleepy after you take your medication?
			
			Ask staff:
			Does the person have a psychiatrist? Have they seen the psychiatrist since their move? If not, is there an appointment scheduled?
			
			Has the person's medications changed recently? If so, why?
			
			Does the person take medications for their mental health and/or behavior? What do they take? What are the medications treating? How do you know if a person's medications have changed?
			
			How long has the person been taking psychoactive medications?
			
			Have you noticed any changes in the person's behavior after they take their medication?
			
			Does the person sleep during the daytime?
			
			Have you noticed any unusual shaking or difficulty in balance
				movement disorders like Tardive Dyskinseia?
				
				If TD has been diagnosed, has that information been documented in the Human Rights Committee's discussion for approval of the medication?
				Is there evidence that the physician has reviewed the TD diagnosis?
				
				If the person is on psychotropic medication and /or any restrictive procedures being used, is there a reduction plan outlined?
				
				Review any injury reports to determine if injuries occurred during the implementation of a behavioral procedure or use of a behavioral device.
				
				If there are restrictive or intrusive procedures in a person's plan, has informed consent and Human Rights Committee approval been obtained?
				
				Is there documentation on the use of restrictive procedures?
				
				What training has staff had?
				
				Is there documentation of

with the Director of BQIS.) 7. Do the provider's restraint policies and procedures comply with all applicable laws, rules and regulations? 8. Is there an incident management system for review of intrusive and restrictive interventions that enables evaluation of both individual and provider-wide outcomes? 9. Does the providers recognize the use of psychoactive medications for behavior support as a chemical restraint and considered highly intrusive/restrictive? 10. Do behavioral-psychopharmacologic hypotheses result from a functional analysis of behaviors, including a thorough investigation of the communicative intent of the behavior? a. Are these hypotheses developed by the team? 11. Does the individual's BSP integrate all strategies and supports used to reduce the behavior, including psychopharmacologic supports? a. Does the plan include defined behaviors and symptoms and identify the pertinent data to be collected? 12. Does the provider regularly and systematically monitor the person for adverse effects of all intrusive/restrictive procedures, including drug side effects, using a standardized tool **(Like the AIMS or DISCUS or blood levels)** or other accepted standard of care? 13. Does the provider ensure that the person is not subjected to highly intrusive behavior interventions for the convenience of staff, or in lieu of a BSP?	**when the person is walking?** **Does the person have unusual drooling or tongue movements?** **Do you know of any times the person's medication has been reduced? What were the behaviors during that time?** **Was the person's medication increased after it had been reduced for awhile?** ***Ask staff:*** **Does the person have any restrictive or intrusive procedures in the behavior support plan? If so, what are they?** **Have any of these restrictive procedures or other procedures not in the person's plan, been used since the person moved?** **How are restrictive or intrusive procedures documented?** **What training have you received on the use of restraints and other restrictive procedures?**	**IDT review following the use of restraints and other restrictive procedures?**

	14. Does the provider prohibit the use of corporal punishment, seclusion, noxious or aversive stimuli, forced exercise, and denial of food or liquids that are part of a person's nutritionally adequate diet?
	
	15. If the individual has had an emergency behavior intervention, did the individual's support team meet no more than 5 days later to review and determine next steps?
	   a. Did the support team document its assessment of the use of the emergency measures?
	   b. Did the support team decide if the incident and the emergency measures were isolated, not likely to be repeated, and does not require a functional analysis or BSP?
	   c. Did the support team decide if the incident and emergency measures were part of an increase in behavioral patterns and will likely be used again?
	
	Surveyor Guidance: Emergency or unplanned behavior interventions that are highly intrusive should not be used more than three times in a six month period without a team meeting to determine needed changes in the person's plan.
	
	Related Personal Outcome Measures©:
	People exercise rights
	People are treated fairly
	People are safe
	People are respected
	People have the best possible health			

III.E. Medication	**III.E.1 The individual receives medications and treatments safely**	If the opportunity arises, observe the	Ask the person if self-administration of	Review the MAR for • Accuracy in

Management Desired Outcome: *Medications are managed effectively and appropriately.*	and effectively. **Supporting Regulations:** 6-9-4; 6-9-5; 6-10-7; 6-10-10; 6-14-4; 6-16-3; 6-17-3; 6-25-3; 6-25-4; 6-25-5; 6-25-6; 6-25-7; 6-25-8;
	1. Is the person provided the level of support necessary to ensure that they take medications and complete treatments according to prescribed orders?
	2. Is the individual informed and educated about anticipated outcomes and potential side effects of medications and treatments?
	  a. Is the individual then supported in making choices regarding their medications and treatments?
	3. Does the person self-administer medications, with support as necessary?
	4. Is the individual's staff trained in why medications are being administered?
	  a. Does this training also include how to:
	    → administer medications and treatments?
	    → monitor side effects?
	    → recognize and prevent dangerous medication interactions?
	5. Does the provider have a system for providing annual training for improving staff competency in administering medication?
	6. Does the individual's personal file contain appropriate documentation from all providers responsible for administering the individual's medication:
	  a. administration of medication.
	  b. individual's refusal to take
		preparation and administration of medications to the person.
		
		Note any errors in preparation and delivery.
		
		Note: If a medication pass is observed it defines if errors are delivery versus documentation.
		
		Determine if training is provided in self-administration of medication.
		
		Determine if the person's medications are secured using the appropriate storage if the plan requires it.
		
		Determine if the person records medication on the MAR sheet if self-administration is present.
			medication training is provided.
			
			 Ask the person about the medical treatments received.
			
			 Ask the person to explain the medication side effects.
			
			 Ask the person if help is received when it is needed.
			
			 Ask the person if they take medication. If so, ask them to explain why they need it.
			
			 Gather the following information about medication:
			
			 Do you take medication by yourself?
			
			 Do you need help with this? If so, what kind of help do you get?
			
			 Do you have any concerns about your medications or treatments that you are now receiving?
			
			 Do you sometimes refuse your medication or treatments (ask only if record review documents refusals).
				recording
				• **Adherence to established procedures**
				• **Completeness of information (medication name, dose, frequency, purpose, directions for administration if needed)**
				
				Determine if the provider follows its written protocol for administering PRN medications and treatments, which include: administering medications as prescribed, recording the individual's response, and documenting according to the medication administration record.
				
				Review medication administration procedures for completeness: direct staff in medication administration, storage and handling, recording, medication errors, controlled substances.
				
				Review training records to determine if there is a system for providing competency based training for initial and annual review in medication administration

	medication.
	  c. medication side effects.
	7. Does the individual's medication administration record include the reason why each particular medication is being ordered?
	8. If the individual has had any medication errors, adverse reactions or drug side effects, did staff promptly report and respond to the situation in accordance with the provider's policy and procedures?
	  a. Is this information documented in the person's personal file?
	9. Are the individual's medications and treatments reviewed at specified intervals and renewed based on an evaluation of the person's response and stated outcomes?
	10. Does the provider analyze its medication errors and develop recommendations to reduce risk of future errors?
	11. Are medications, including non-prescription drugs, when indicated as necessary by an individual's ISP, stored:
	  a. In the original labeled prescription container
	  b. in a locked area at room temperature
	  c. in a locked area in the refrigerator if that is needed
	  d. separate from non-medical items
	  e. under prescribed conditions of temperature, light, humidity, and ventilation
	
	Related Personal Outcome Measures©:
	People have the best possible health
	People are safe
			Ask the direct support professional to explain medication administration for the person.	**and transcription.**
				
				Determine if staff is able to explain the purpose of the medications they are giving and what the major side effects are.
				
				When a person has been identified as being on a self administration program, look for evidence that the program is being conducted according to the plan.
				
				Though discovery on MAR or through incident reports, identify the presence/absence of medication errors.
				
				When errors are present, review records in each service provider location where medications are administered.
				
				Review for evidence of resolution to the error via: procedural change, education of staff, or evidence of monitoring interventions by supervisory/management staff.
				
				When a problem is identified in any of the above areas review the provider's policies and procedures to identify source of problem (lack of

				effective policy, or lack of implementation of procedure and policy). **Review for evidence that there has been a review by the designated health care coordinator of effectiveness or problems with medication and treatment on a periodic basis as determined by the provider's policy.**

III.F Natural Disasters and Other Public Emergencies
Desired Outcome: *There are safeguards in place to protect and support participants in the event of natural disasters or other public emergencies.*
	III.F.1 The provider has an emergency plan to promote the individual's safety during natural disasters and other public emergencies.
	Supporting Regulations: 6-9-5; 6-14-4; 6-16-3; 6-17-3; 6-29-5; 6-29-6; 6-29-7; 6-29-8
	1. Does the individual have specific written safety and security policies and procedures?
	2. Is the individual's staff trained in implementing the policies and procedures specifically for:
	   a. when and how to notify law enforcement agencies in an emergency or crisis;
	   b. scheduling and completing evacuation drills;
	   c. what to do in emergency or crisis, such as tornado, fire, or snow.
	3. Does the individual's emergency plan identify what the individual will do in the event of fire or severe weather?
	4. Are the individual's emergency numbers readily available?
	5. If the person requires alarms, visual signals, and/or other modifications to evacuate in the event of an emergency,
		When spending time with the person, note if any special devices are needed to enhance responses during emergencies.
		
		Note if the devices needed (flashing lights, audible alarms or modifications to the physical environment) are present and functional.
			Ask the person to explain what action is taken if a natural disaster occurs.
			
			Ask the person to explain any kind of training they received that informs them about what to do during natural disasters.
			
			Ask the direct support professional to explain what they would do during an actual natural disaster.
			
			Ask the direct support professional to explain the training they received in supporting the person during a natural disaster.
			
			Ask the Case Manager to explain the process of how BDDS is notified of the natural disaster
				Review all policies related to procedures and practices used during practice and actual natural disasters.
				
				Review the training plans to determine if the staff supporting the person has been trained to support the person during natural disasters.
				
				Review the way the emergency numbers are displayed and how access is gained to those numbers (i.e., posted prominently, in a special book, etc.).
				
				Check the incident reports for that person to determine if BDDS was notified of any natural disaster.

	are these available? 6. If an individual is medically or functionally unable to follow procedures for dealing with an emergency or crisis, is there documentation in the person's support plan that outlines the provider's plans for supporting the individual in a natural disaster? 7. Are the individual and their staff trained in emergency plans? 8. Are data from safety drills reviewed and plans for follow-up implemented? 9. Are natural disasters and other public emergencies reported to BDDS on an incident report form? **_Related Personal Outcome Measures©:_** People are safe		**incident.** **Ask direct support professional how often the fire drills (emergency) are conducted?** **If there is a record of emergency drills, ask the direct support professional how the person did.** **Ask the Case Manager if the person requires specialized equipment for emergencies.** **Ask if the person receives any specialized training to appropriately participate in emergency drills and evacuations.** **Ask the Case Manager if emergency phone numbers are available to all staff and the person living there if applicable?**	
Focus IV. Participant Rights and responsibilities.				
IV.A Civic and Human Rights	**Surveyor Guidance: If there are concerns about the individual's**	**Look for ways that people are exercising**	*Ask the person:* **What do you know**	**Ask if the provider has a policy on protecting and**

| Desired Outcome: Participants are informed of and supported to freely exercise their fundamental constitutional and federal or state statutory rights. | rights being violated then follow-up by reviewing the provider's policies. However, in the absence of evidence to the contrary, we assume that indicator IV.A.1 is met: **IV.A.1 The provider implements policies and procedures that promote people's rights. Supporting Regulations:** 6-8-2, 6-8-3, 6-9-2, 6-9-3, 6-9-4, 6-10-12, 6-18-7; 1. Does the provider have a policy that defines the provider's commitment to protect and promote people's rights? 2. Does the policy contain a listing of rights afforded all citizens as indicated by the United States Constitution and Indiana's Constitution? 3. Does the policy prohibit use of a restrictive or intrusive medical or behavioral intervention without prior informed consent? 4. Does the provider cooperate with the division's or the BDDS's regional human rights committee? **IV.A.2 The individual is supported to exercise their rights and responsibilities. 6-8-2; IC 12-27** 1. Has the team assessed the supports needed for the person to exercise | their rights. Is the phone accessible? Do they have access to their personal possessions? Is there area's in the home that people are restricted from? Are there cabinets or closets that are locked? Are there any restrictions that impact everyone? | **about your rights as a citizen?** **What rights are important to you?** **Are there things you want to do that you have been told you cannot do?** **Does anyone open and read your personal mail?** **Does staff listen in on your telephone calls?** **Do you visit with family and friends as much as you like?** **Do you have a place to visit with your family and friends that is private?** **Does staff provide medical treatments for you in places in your home where others can see you getting the treatment?** ***************************** *Ask the person:* **Are there places in your home where you cannot go unless a staff is present with you?** | **promoting people's rights. Review the policy.** **Ask what training the staff receives on rights.** **Review any "house rules" that describe practices that apply to everyone who lives in the house.** **Determine if any of the "house rules" restrict access through locks or storage of property.** **Review any policies regarding the function of the Human Rights Committee to determine the frequency of meetings, agendas, membership and what is reviewed and actions taken.** **Review any document provided or posted that lists the individual's rights.** |

	rights, especially those rights that are most important to him/her?
	
	2. Is the person supported:
	  a. to exercise the rights that he/she feels is most important?
	  b. to access personal possessions.
	3. If restrictions (Intrusive medical or behavioral restrictions) are implemented, is there informed consent? (**Note: Not necessarily written consent.**)
			Are any of your rights restricted? If so how does it impact your life?
			
			If any of your rights have been restricted, did you or someone else give consent?
			
			What supports do you need to exercise your rights?
			
			Ask the staff:
			Has the person's ability to exercise their rights been assessed?
			
			How have you learned about the person's rights and how do you know those rights are important to the person?	

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	IV.A.3 The individual receives supports to manage his/her financial resources. **Supporting Regulations:** 6-8-2; 6-8-3, 6-9-2; 6-9-3, 6-17-3; 6-24-3, 6-30-1	**Does the person have personal possessions and other property in their home that they own?** **Does the person have possession of or free access to their check book/card in their home?**	*Ask the person:* **What is your source of income?** **Do you have a bank account?** **Can you access your bank account anytime you what to?** **Do you carry your**	*If you have a concern regarding the management of a person's finances or money:* **a. Ask to review any policy or procedures that the provider has for managing individual's finances.** **b. Review records the provider maintains on the supports they provide the person in managing their financial resources.**

			money on your person?	

	1. Does the person receive supports only to the extent needed based on assessment and personal preferences?
	2. Is the person supported:
	  a. to keep their money secure?
	  b. to obtain, possessions, and maintain financial assets, property and resources?
	  c. to obtain personal insurance, at the person's expense, to protect property and assets?
	3. Does the individual maintain a bank account that that contains only his/her personal funds?
	4. Is the individual, and/or that person's legal representative if applicable, provided a listing of all transactions and/or bank account monthly statements?
	5. Has the individual, or the individual's legal representative, been informed that by law the payee is required to spend money only for the needs of the person?
	6. Does the appropriate provider document that the person's residential living allowance was deposited in the person's personal account?
	7. Does the provider ensure that all receipts are kept for expenditures from the person's funds?
	8. If the individual is working on financial management skills:
	  a. Is the individual's checkbook balanced?
	  b. Has the individual's bank statements been reconciled with his/her checkbook?
			Do you need help to manage your money? If so, what supports do you need?
			
			Do you own your own furniture?
			
			How do you protect your personal belongings or assets in case of a disaster or theft?
			
			Ask staff:
			What supports does the person need to manage their money?
			
			Does the person have their own banking account?
			
			How does the person access their money?
			
			Is the person receiving training on money management skills?
			
			If the person requires support with managing their finances and money, ask the provider and/or case manager how they ensure that the person's assets, resources and finances are managed and protected.
				Review any documentation that support staff is responsible for keeping regarding teaching money management skills, recording or filing of bank account information, tracking of receipts and expenditures, etc.

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IV.A.4 The individual is treated as an individual first. **Supporting Regulations:** 6-8-2, 6-8-3, 6-14-4; 6-16-3 1. Is the person called by his/her preferred name? 2. Is the person treated in accordance with their age? 3. Does staff refrain from referring to the person by his/her disability? 4. Is the individual extended the same common courtesies that anyone would expect? 5. Are the individual's support staffs trained to promote dignity and respect and to recognize the person as an individual? a. Does this training occur on an annual basis?	**Is "people first" language used by staff"?** **Are staff interactions polite, respectful and in accordance with the person's age?**	*Ask the person:* **Do others call you by your preferred name?** **(adults only) Do others treat you the same as other adults?** *Ask staff:* **What training did you receive on treating people with dignity and respect? What does this mean to you?**	**If a concern exists, ask to see policy and procedures and training records.**
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IV.A.5 The individual has privacy. **Supporting Regulations:** 6-8-3, 6-9-4 1. Is the individual's personal information shared only with the person or their legally authorized representative's permission? 2. Does the individual have the space and opportunity to speak on the telephone, open and read mail and visit with others privately? 3. Does the individual have a place and the opportunity to be by themselves	**Observe the environment to see how the individual's personal information is stored. Is there personal information posted in the general living areas? Is the person's personal file left out in the open or is it stored in a place that protects**	*Ask the person:* **Do you decide what personal information is shared others?** **Does anyone open and read your personal mail?** **Does staff listen in on your telephone calls?**	**If there is a concern, review any policy or procedures on privacy and confidentiality.**

	during the day? 4. Does support staff demonstrate respect for the individual's privacy when providing needed supports for dressing and personal hygiene and when entering the individual's room? 5. Do visitors respect the individual's privacy?	**confidentiality?** **Does staff respect people's privacy?**	**Do you visit with family and friends as much as you like?** **Do you have a place to visit with your family and friends that is private?** *Ask staff:* **How is the person's need for privacy honored?**	
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	IV.A.6 Supports and services enhance the individual's dignity and respect. **Supporting Regulations:** 6-8-3, 6-9-4; 6-10-11 1. Does the person receive needed supports to ensure their personal cleanliness? 2. Does the person wear clothing that they prefer and that is clean, fashionable, and fits properly? 3. Is the person being supported to choose their hairstyles, cosmetics, grooming and personal hygiene products? 4. Is the person being supported to decorate their homes as they choose and to maintain homes that are safe and sanitary? 5. Does the person have full access to the home including any space used as an office? 6. If the individual works, is the individual paid the same wages and benefits as others doing the job?	**Look at staff interactions with the person to see if they promote choice and decision making.** **Does staff block the person from having access to areas of the home?** **Is the person observed to have typical clothing items and hairstyle, etc.?** **Is the person clean and well groomed?** **Is the person's home decorated with personal items?** **Is the home safe and sanitary?**	*Ask the person:* **Do you choose and buy your own clothing?** **Where do you get your hair cut/styled?** **Are there any areas of your home that you are not allowed access to?** **Do you help with cleaning your home?**	

	Related Personal Outcome Measures©: People are treated fairly. People exercise rights.			
IV.B. Due Process Desired Outcome: *Participants are informed of and supported to freely exercise their Medicaid due process rights.* .	**IV.B.1 People have the right of due process when they are dissatisfied with their Medicaid services. Supporting Regulations:** IC 12-15-28; 6-19-4 1. Do the person and guardian understand that they have the right to appeal when they are dissatisfied with their Medicaid services? 2. Does the Case Manager routinely inform the person and guardian of their Medicaid due process rights? *Related Personal Outcome Measures©:* People exercise rights People are treated fairly.		**Ask the person if they are aware of the rights they have to make appeals to the state regarding their Medicaid services.** **Ask the Case Manager to explain how the person is informed of their Medicaid due process rights.**	**Review the information that is provided to the person that explains their right to appeal.**
IV.C. Grievances Desired Outcome: *Participants are informed of how to register grievances and complaints and supported in seeking their resolution. Grievances and complaints are resolved in a timely fashion.*	**IV.C.1 The provider respects the individual's concerns and responds accordingly. Supporting Regulations:** 6-8-3, 6-10-8; 6-19-4, 6-19-6, 1. Does the person receive needed supports to report complaints, problems or concerns? 2. Are families and legally authorized representatives informed about, and do they understand, the provider's complaint process? 3. If the individual filed a complaint, did he receive a response that was timely, relevant, and understandable? 4. If the individual's providers had a dispute did they come to a reasonable		*Ask the person:* **Who do you talk to if you have a complaint or concern?** **Do you feel listened to?** **When you tell someone about a complaint or concern, is something done about it? Do you have an example?** *Ask staff:* **How are people's complaints and concerns addressed?**	**Review policies and procedures, reports, staff training on filing complaints/grievances**

	resolution that met the individual's needs? a. If not, did they each forward their issues, positions, and efforts to resolve the dispute to the individual's support team for resolution? ***Related Personal Outcome Measures©:*** People exercise rights People are treated fairly. People are respected.			
Focus V: Participant Outcomes and Satisfaction **Desired Outcome:** *Participants are satisfied with their services and achieve desired outcomes.*				

V.A Participant Satisfaction
Desired Outcome:
Participants and family members, as appropriate, express satisfaction with their services and supports.
	V.A.1 The provider has a quality assurance/quality improvement process that includes a consumer satisfaction survey.
	Supporting Regulations: 6-10-10;
	1. If the individual has any significant concerns regarding satisfaction with the provider's services and supports:
	    a. Does the provider know about them?
	    b. Are they being addressed?
	2. Has the provider made changes as a result of what it learned?
	3. Has the provider identified a plan to assess the person's satisfaction with the response?
	
	Related Personal Outcome Measures©:
			Ask the person:
			Are you satisfied with your supports and services to be healthy, safe and secure?
			
			If you have any concerns, are they being addressed?
			
			Ask staff:
			Are you aware concerns that the person may about their health, safety and security? If so, what has been your role in assisting the person to address these
				Review policies, procedures and systems to see how the provider identifies and addresses individuals' satisfaction with services and supports.

	ALL		**concerns?**	
V.B Participant Outcomes **Desired Outcome:** *Services and supports lead to positive outcomes for each participant.* **_Related Personal Outcome Measures©:_** ALL	This focus area will be assessed by conducting the Personal Outcome Measures© interviews and determining the presence/absence of supports and outcomes for the individual. My Self - People are connected to natural support networks - People have intimate relationships - People are safe - People have the best possible health - People exercise rights - People are treated fairly - People are free from abuse and neglect - People experience continuity and security - People decide when to share personal information My World - People choose where and with whom they live - People choose where they work - People use their environments - People interact with other members of the community - People perform different social roles - People choose services My Dreams - People choose personal goals - People realize personal goals - People participate in the life of the community - People have friends People are respected	**When spending time with the person during the satisfaction component of the CST, note the responses as required and make appropriate decisions regarding the presence or absence of outcomes and supports.**	**Follow the protocol for completing the Personal Outcome Measures©.**	